

*Interviews were
conducted in the
fall of 2010 and the
spring of 2011*

*Almost 2,400
families in Iowa
were interviewed*

Children's Behavioral and Emotional Health in Iowa

Results from the 2010 Iowa Child and Family Household Health Survey

Background

The Iowa Child and Family Household Health Survey is a collaborative effort of the Iowa Department of Public Health, the University of Iowa Public Policy Center, and the Iowa Child Health Specialty Clinics.

This survey, the third HHS since 2000, was conducted in the fall of 2010 through spring of 2011. Over 165 questions were asked to Iowa families, regarding a randomly-selected child in the household, about the following topic areas: functional health status; insurance coverage; access/need; medical home; prescription medication;

dental care; behavioral and emotional health care; child behavioral and emotional health; early childhood; child care; school; social determinants of health; nutrition; physical activity; parent health status/family health; substance use and gambling; and demographics.

This policy brief provides statewide results about issues related to the behavioral and emotional health of Iowa's children and their parents from the population-based 2010 Iowa Child and Family Household Health Survey (2010 HHS).

Methods

The survey utilized an address-based sampling design. Data collection was completed using mixed-mode telephone and Internet survey methods. The University of Northern Iowa Center for Social and Behavioral Research coordinated the data collection efforts. A packet was mailed to a statewide random sample of addresses drawn from the United States Postal Service (USPS) Delivery Sequence File (DSF). This file also included telephone numbers for about 60% of addresses. The packet included an information letter with instructions for completing a web-based questionnaire and information indicating that we would call if

the web mode was not accessed within the next week.

During the core data collection period, 1859 phone and 527 online interviews took place with the parent or guardian of one randomly selected child age 0-18 living in the household. Respondents were primarily mothers (78%), although 16% were fathers. The data were weighted to account for family size and post-stratified to reflect the 2010 child population in Iowa.

There were almost equal numbers of boys (51%) and girls (49%) in the sample. The age distribution of the children in the sample is shown in the Table 1.

Table 1. Children's age distribution (unweighted sample)

Age group	N (%)
0 to 4 years	558 (23%)
5 to 9 years	591 (25%)
10 to 14 years	682 (29%)
15-17 years	555 (23%)
Total	2,386 (100%)

Nine percent of Iowa children needed behavioral or emotional health care

Behavioral and Emotional Care

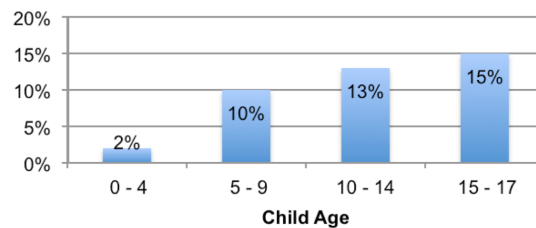
Parents were asked if there was any time in the past year when they or a health care provider thought their child needed care for behavioral and emotional care. About one-in-ten Iowa children (9%), approximately 67,900 children, were reported to need behavioral or emotional care in the past 12 months. This corresponds closely to the National Survey of Child Health prevalence information for mental and emotional well-being of children (2007)

(<http://www.childhealthdata.org/browse/snaps/hots/nsch-profiles/mental-health?geo=17>).

Older children were much more likely to need care for behavioral or emotional issues than were younger children. Figure 1 shows that children in the 0-4 year age category were much less likely to need care than children at older ages. There were no statistically significant gender differences between those who needed care and those who did not.

Among those children who needed behavioral and emotional care, about one in six children (15%), or almost 10,000 children, could not get this care in the past 12 months.

Figure 1. Percent of children in Iowa who had a need for behavioral and emotional health care, by age category

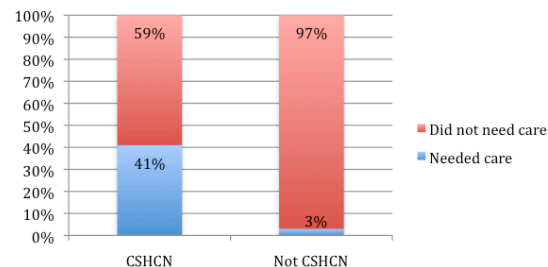


Behavioral and emotional care need for CSHCN

Overall, 19% of children in Iowa met the Child and Adolescent Health Measurement Initiative (CAHMI) criteria as having a special health care need. This screening very broadly defines special health care needs based on 5 criteria indicating need for services or

prescriptions. Older children were more likely to meet this criterion than younger children. As shown in Figure 2, among CSHCN, over one-third (37%) indicated that they had a need for behavioral or emotional health care.

Figure 2. Percent of Iowa children with a special health care need, by need for behavioral care



Over one-third of CSHCN had a need for this care

Child Behavioral and Emotional Problems

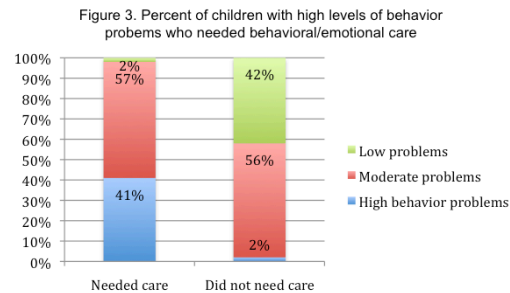
An age-specific series of six questions was asked of parents about child behavioral and emotional problems. The results were then summed into a scale called the Child Behavioral and Emotional Problems Scale. (<http://www.urban.org/publications/309566.htm>)

Originally developed for the National Health Interview Survey (NHIS), parents were asked whether the child does not get along with other kids; cannot concentrate or pay attention for long; and/or has been unhappy, sad, or depressed. Parents of 6 to 11-year-olds were

asked whether the child feels worthless or inferior; has been nervous, high-strung, or tense; and/or acts too young for his or her age. Parents of 12- to 17-year-olds were asked whether the child has trouble sleeping, lies or cheats, and/ or does poorly at schoolwork. This scale was designed to identify children with serious behavioral and emotional health issues.

A high level of behavioral or emotional problems was identified by parents of about 7% of children ages 6 through 17 in Iowa. There were not identifiable differences by child age or gender. Parents of about 41% of children who had a need for behavioral or

emotional health care reported high levels of problems, a much higher percent than the parents of children whose parents indicated no need for such care (2%) (Figure 3).



Children who needed care were more likely to have a higher need for services

Family support and parenting stress

In this study, parenting stress, parent mental health, and access to parenting support were reviewed.

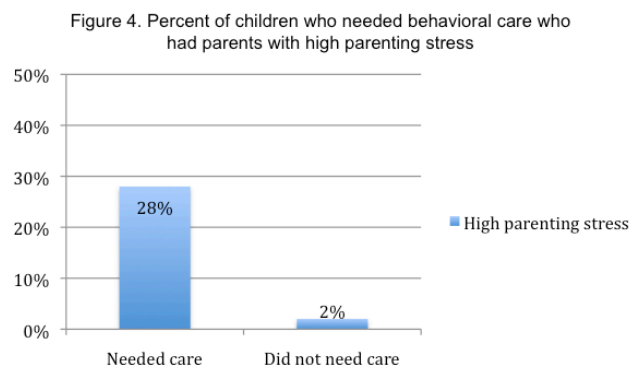
A set of four questions designed to measure stress and aggravation in parenting was asked to parents. The items asked how much of the time parents felt that 1) their child was harder to care for than most; 2) their child did things that really bothered them a lot; 3) they were giving up more of their life to meet children's needs than expected; and 4) they were angry with their child. This scale shows that while overall, about 5% of children had parents who reported high levels of parenting stress, of those who reported a need for behavioral and emotional health care, 28% reported high stress in parenting (Figure 4).

Another difference for those who reported a need for care for their child, is in the realm of parent mental health. A set of questions

based on the MHI-5 were used to determine mental health status of the parent filling out the survey. Fourteen percent of children with a need for behavioral/emotional care had a parent who fell into the category of 'poor mental health' on the parent mental health scale, vs. 7% of those who did not need such care.

The parenting stress and parent mental health scales show that parents of children with a need for behavioral and emotional care have high needs in terms of parenting support. However, findings from this study indicate that among children who had parents reporting a need for behavioral and emotional help for their child, about 11% reported that they did not have anyone they could turn to for day-to-day emotional help with raising children. This compares to 4% of parents who reported that their child did not need this type of care (Figure 5).

Parents of 1/4 of children who needed care reported high levels of parenting stress



University of Iowa Public Policy Center

Peter C. Damiano
Director

209 South Quadrangle
Iowa City, IA 52242

Phone
319.335.6800

Fax
319.335.6801

For more information on this topic contact:

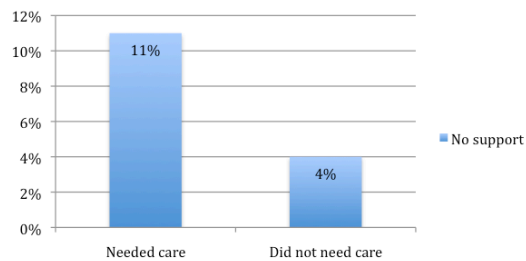
Jean Willard
Health Policy Research
Program

(319)335-6815
jean-willard@uiowa.edu

Other research
reports are available
for download on
our Website:

<http://ppc.uiowa.edu>

Figure 5. Parents who didn't have anyone to turn to for parenting support by reported need for behavioral care

**Summary**

About 68,000 children in the State of Iowa were reported to have had a need for behavioral and emotional health care in the past year and about 1 in 6 could not get this care. Over one-third of CSHCN had a need for behavioral/emotional services. Children with a need for this type of service were more

likely to be older, have significant needs regarding behavioral/emotional issues, and have a primary parent who reported no parenting support, higher levels of parenting stress, and have lower mental health status.

About these policy briefs

The University of Iowa's Public Policy Center's **Policy Briefs** are designed to succinctly provide our research findings in a manner that is more accessible to policymakers and others. The nature of the Briefs does not allow for extensive explanation of the methods we used in our research however. More information about the specific methodologies used in any particular study can be obtained by contacting researchers at the Center and or by downloading reports with more detailed methods sections. We hope you find these policy briefs helpful to your discourse of some of the most challenging societal issues.

About the Public Policy Center

The University of Iowa's Public Policy Center was formed in 1987 to facilitate interdisciplinary academic research on public policy issues. A freestanding unit in the Office of the Vice President for Research, the Center's mission is to: carry out public policy-related research; facilitate collaboration among researchers from a variety of fields and disciplines; conduct research on topics that will affect future development and promote positive social change within the state and region; and disseminate research findings both to scholarly and lay audiences.